STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	
1. NAME OF COMMITTEE (in	(Check if name Example: If typying, type	Office use only 12FE4M5
ChristinePAC		
ADDRESS (number and s	PO Box 294	
(Check if address is changed)	1	GA 30603 -
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI (Check if address is changed)	L ADDRESS (Please provide only one e-mail address) paul@pdscompliance.com	
COMMITTEE'S WEB (Check if address is changed)	PAGE ADDRESS (URL) www.christinepac.com	
2. DATE 0.1	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICA	TION NUMBER C C00492215	
4. IS THIS STATEM	ENT X NEW (N) OR AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, correct an Treasurer Paul Kilgore	d complete
Signature of Treasurer	Electronically Filed by Paul Kilgore	Date 01 Date
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED V	
Office Use Only	For further information of Federal Election Commiss Toll Free 800-424-9530	